PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless corrects maintenance fee notifica	ed below or directed oth	ig the Patent, advance of serwise in Block 1, by (a	rders and notification a) specifying a new o	orres	pondence address;	and/or	(b) indicating a separ	rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
60668 7590 1223/2009 SAP / FINNEGAN, HENDERSON LLP 901 NEW YORK AVENUE, NW WASHINGTON, DC 20001-4413					Certificate of Mailing or Transmission I hereby certify that this Fe(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
	•			Г				(Depositor's name)	
								(Signature)	
				L				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/676,811	10/676,811 09/30/2003		Thomas Chadzelek			09700.0055-00		3078	
TITLE OF INVENTION: KEYBOARD NAVIGATION IN HIERARCHICAL USER INTERFACES									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	03/23/2010	
EXAMINER		ART UNIT	CLASS-SUBCLAS	s	}				
AUGUSTINE, NICHOLAS		2179	715-854000						
I. Change of correspondence address or indication of "Fee Address" (37 CPR I.535). Change of correspondence address (or Change of Correspondence Address form PTOS BIV 212) attached. 201 "Fee Address' indication (or "Fee Address" Indication form PTOS BIV, Eve U3-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of or agents OR, alto	2. For printing on the pattent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is lated, no paner will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled frecordation as set from in 37 CFR 3.11. Completion of this form is NOT is substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SAP AG Walldorf, Germany									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) are submitted: It is suse Fee It is			th, Payment of Fe(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by reodit earl. Form PTO-2038 is attached. The Director is hereby sutherized to charge the required fe(s), any deficiency, or credit any overpayment, to Deposit Account Number (<u>I)D-10-16</u> (enclose an extra copy of this form).						
5. Change in Entity Sta a. Applicant claim NOTE: The Issue Fee at	ns SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is r	no lon than t	ger claiming SMA the applicant; a reg	LL EN	TITY status. See 37 Cl attorney or agent; or th	FR 1.27(g)(2). ne assignee or other party in	
Authorized Signature	d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Coffice. Date								
Typed or printed nan	Registration No. 63, /82								
This collection of informan application. Confider submitting the complete this form and/or sugges. Box 1450, Alexandria, Virginia 22	nation is required by 37 thitiality is governed by 3 and application form to the tions for reducing this by Virginia 22313-1450. Do 313-1450.	CFR 1.311. The informat 5 U.S.C. 122 and 37 CFF e USPTO. Time will var irden, should be sent to t O NOT SEND FEES OR	ion is required to obta 1.14. This collection y depending upon the he Chief Information COMPLETED FOR	in or is es indiv Offic MS T	retain a benefit by timated to take 12 vidual case. Any ce er, U.S. Patent and O THIS ADDRES	the pub minute ommen Trader S. SEN	lic which is to file (and is to complete, includir ts on the amount of timerk Office, U.S. Dep D TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.